Fill	in this information to identify your o	ase								
Del	btor 1 Lisa A Mora	n			_					
	btor 2 buse, if filing)			_						
Uni	ited States Bankruptcy Court for the	: DISTRICT OF NEW	JERSEY							
	se number 13-29600				_	Check if this is				
	13-23000					☐ An amended filing ☐ A supplement showing post-petition chapter 13 income as of the following date:				
0	fficial Form B 6I					MM / DD/ Y		Tonoving date.		
	chedule I: Your Inc				12/13					
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment	ır spouse is not filing w	ith you, do not i	nclude infor	mation	about your sp	ouse. If t	more space is	needed,	
1.	Fill in your employment 137 information.	Dollor 1			Debior 8	මයා ් රුද්ග වලා අවු වෙනුවෙනුවෙනුවෙනුවෙනුවෙනුවෙනුවෙනුවෙනුවෙනු				
	If you have more than one job, attach a separate page with information about additional . employers.	Employment status	■ Employed			•	■ Employed			
		Occupation	☐ Not employed			☐ Not employed				
	Include part-time, seasonal, or	Employer's name	designer Bilancia Designs			general manager				
	self-employed work.		bilancia Des	igns		<u>TA</u>				
	Occupation may include student or homemaker, if it applies.	Employer's address Washington, NJ				Columbia, NJ				
	ici	How long employed t	there? 6 years			3 months				
Par	t 2: Give Details About Mor	nthly income								
Esti:	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing	to report for	any lin	e, write \$0 in the	space. I	Include your no	n-filing	
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the inform	ation for all	employ	ers for that pers	on on the	e lines below. If	you need	
		· · · · · · · · · · · · · · · · · · ·			F	or Delition ()		ebtor2or Illigispouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (b calculate what the month	efore all payroll ly wage would be	. 2.	\$ _	800.00	\$	4,125.33		
3.	Estimate and list monthly overt	ime pay.		3.	+\$_	0.00	+\$ _	0.00		
4.	Calculate gross Income. Add lin	ne 2 + lîne 3.		4.	\$_	800.00	\$_	4,125.33		

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. . .

Deb	tor 1	Lisa A Moran	_	Case number (if known)	13-29600					
	Cop	by line 4 here	4.	For Dabtor () \$ 800.00	For Debtor 2 or inon-filling is pouse \$ 4,125.33					
5.	List	all payroll deductions:								
•	5a.	Tax, Medicare, and Social Security deductions	5a.	\$ 0.00	\$ 545.26					
	5b.	Mandatory contributions for retirement plans	5b.	\$ 0.00	\$					
	5c.	Voluntary contributions for retirement plans	5c.	\$0.00_	\$\$					
	5d.	Required repayments of retirement fund loans	5d.	\$0.00	\$					
	5e.	Insurance	5e.	\$0.00	\$539.00					
	5f.	Domestic support obligations	5f.	\$ <u>0.00</u>	\$ 0.00					
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.+	*	\$ 0.00					
_										
6. _		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 0.00	\$ <u>1,084.26</u>					
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$800.00	\$3,041.07_					
8.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	\$ 0.00					
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b.	\$0.00	\$0.00_					
	8d. 8e.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security	8c. 8d. 8e.	\$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00					
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$ 0.00	\$ 0.00					
	8g.	Pension or retirement income	— 8g.	\$ 0.00	\$ 1,382.00					
	8h.	Other monthly income. Specify: possible tax refund	_ 8h.+							
9.	Add	ী না । all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ 139.00	\$1,382.00					
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	939.00 + \$	4,423.07 = \$ 5,362.07					
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts:already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0									
12.		the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certailes			income.					
		* ** * \$ \$ \$ \$ \$ \$ \$ \$ \$			Combined monthly income					
13.	Do y	you expect an increase or decrease within the year after you file this form	1?		monthly moone					
	П	Yes, Explain:								